



Consent Form for Emergency Care

In case of an emergency when I, the owner, cannot be reached, I authorize _____ to request medical/emergency services from Hermosa Animal Hospital for _____ or any other animals I may own at that time. I agree to pay for such veterinary care, not to exceed \$_____, within a thirty (30) day period.

- Please call before charging my credit card.
- Charge my credit card, not to exceed the aforementioned limit.
- _____

Credit Card: Visa MasterCard Discover _____

Expiration Date: ____ / ____

Signature of Owner: _____ Date: _____

Print Name: _____